Strategic Plan for Preventive Health Action 2026-2034

Government of South Australia
Preventive Health SA

Healthier South Australians across generations





Acknowledgements

Preventive Health SA acknowledges that our office stands on the lands of the Adelaide Plains which are the traditional lands of the Kaurna people. We acknowledge all Aboriginal and Torres Strait Islander (or Zenadth Kes, the traditional and preferred name for the Torres Strait Islands) people as the Traditional custodians throughout Australia.

We honour their enduring Spiritual, Physical, Economical, Mental and Emotional relationship with Country, and recognise that the cultural knowledge carried by Aboriginal and Torres Strait Islander (Zenadth Kes) peoples for more than 65,000 years continues to be important to the lives of communities today.

The Strategic Plan for Preventive Health Action 2026–2034 (the Plan) has been developed under Section 9 of the *Preventive Health SA Act 2024*.

Thank you to the Preventive Health SA Council for their expertise and advice in developing this Plan and to the 173 staff and stakeholders who provided input to consultation which has shaped the Plan's development.

The artwork featured in this document was developed by Eastern Arrernte Artist, Pat Caruso.



Contents

Foreword **4**
Letter from the Preventive Health SA Council **5**
The Plan in brief **6**
The case for preventive health action in South Australia **7**
South Australian Snapshot **8**
Why prevention policy and action matter **9**

A Plan for healthier South Australians across generations **12**
About the Plan 12
Improving Aboriginal and Torres Strait Islander health and wellbeing 14
Preventive health approach 15
Objectives and Strategies 17
- Lead the agenda 18
- Reshape systems 19
- Mobilise evidence 20
- Embed partnerships 21
- Community as partners 22

Delivery of the Plan 23

Measuring success **25**

Appendices **26**
Appendix A – References 27
Appendix B – How we deliver our legislative functions 29
Appendix C – National and State Strategies 31

Foreword

Our Strategic Plan for Preventive Health Action 2026–2034 reflects a shared and bold ambition to strengthen the prevention agenda in South Australia and ensure it is embedded as a core part of how we design policy, partner with and support communities.

This Plan builds on South Australia's strong foundations and reinforces the critical leadership role of Preventive Health SA in driving a coordinated, system-wide approach to prevention. It provides a clear framework for Preventive Health SA in working across sectors, with government, non-government and communities, to improve health and wellbeing outcomes for all South Australians.

Health outcomes are shaped by the opportunities people have, the environments in which we live, and the systems that support communities to be healthy and connected.

A particular strength of this Plan is its focus on equity. The South Australian Government and Preventive Health SA are committed to reducing inequities in health outcomes, and this Plan reinforces the importance of working in genuine partnership with Aboriginal and Torres Strait Islander people and communities, and other populations that experience poorer health outcomes.

The Plan positions Preventive Health SA, and the broader system, to respond proactively to evolving challenges by harnessing data and evidence and working innovatively to improve health and reduce long-term pressure on healthcare services.

Importantly, the Plan recognises that prevention is a shared responsibility. Its success will depend on the continued commitment of government, communities and partners across all sectors working together to create healthier environments and support better outcomes for all South Australians.

The development of this Plan reflects extensive consultation. We have been encouraged by the level of engagement, feedback and support received from stakeholders. This feedback has strengthened the Plan and continued engagement will be essential to its successful implementation.

We thank everyone who has contributed and look forward to working alongside our partners to deliver this Plan and realise our shared vision of healthier South Australians, across generations.



Hon Blair Boyer MP

Minister for Health and Wellbeing



Marina Bowshall

Chief Executive Preventive Health SA

Letter from the Preventive Health SA Council

Prevention plays a critical role in improving health and wellbeing, reducing avoidable illness and inequity, as well as supporting better outcomes now and for future generations of South Australians.

As the inaugural Preventive Health SA Council, we are pleased to support the Strategic Plan for Preventive Health Action 2026–2034.

This Plan represents a significant milestone in the implementation of the *Preventive Health SA Act 2024*. It provides a strong foundation for advancing a long-term, evidence-informed approach to prevention and reflects a shared commitment to improving the health and wellbeing of all South Australians.

The Council has a statutory role in providing advice to the Chief Executive in fulfilling the agency's legislative functions, including in relation to the development of the Plan. We have welcomed the opportunity to contribute to the development of this Plan and to consider the extensive feedback received through consultation with stakeholders across government, the community sector, research institutions, professional bodies, industry, Aboriginal organisations and the broader community. The strength of engagement throughout this process demonstrates the widespread recognition that prevention is both a priority and a shared responsibility.

A defining feature of this Plan is its commitment to strengthening health equity, including improving Aboriginal and Torres Strait Islander health and wellbeing through partnership, self-determination and community-led approaches. The Council strongly supports this commitment and the emphasis placed on genuine collaboration with communities whose voices and experiences must inform preventive health action.

The five objectives of the Plan provide a clear framework for action: leading the agenda, reshaping systems, mobilising evidence, embedding partnerships, and working with communities as partners. Together, these objectives establish a pathway towards a more coordinated, innovative and sustainable prevention system for South Australia.

The Council recognises that meaningful improvements in population health require sustained effort, strong partnerships and a willingness to address complex challenges over time. We are confident that this Plan provides a practical and ambitious roadmap to guide those efforts and support prevention becoming embedded in decision-making across sectors and communities.

We thank everyone who contributed their expertise, perspectives and lived experience during the development of this Plan. We look forward to continuing to work together to realise the vision of healthier South Australians, across generations.



David Pearson

Chairperson
Preventive Health SA Council

The Plan in brief

VISION

Healthier South Australians, across generations

PURPOSE

Leading evidence-informed, innovative and integrated action to prevent and reduce the burden of chronic disease and improve health equity across South Australia

PREVENTION PRIORITY AREAS

- Improving consumption of a healthy diet
- Increasing physical activity
- Reducing tobacco and e-cigarette use
- Reducing alcohol and other drug harm
- Improving mental health and wellbeing
- Reducing deaths by suicide

Improving the determinants of health and wellbeing

Strengthening health equity for Aboriginal peoples and populations requiring priority consideration

APPROACH

- Targeting key risk factors
- Working across systems
- Equity focused
- Guiding action with data and evidence

OBJECTIVES



Lead the agenda

To promote, influence and advocate for preventive health action



Reshape systems

To embed prevention in policy, investment innovation and action



Mobilise evidence

To make prevention smarter, more adaptive and more accountable



Embed partnerships

To align efforts, amplify impact, and make prevention a shared responsibility



Community as partners

To advance equity and reflect diversity, agency and self-determination in preventive health action

ACTION AREAS

- Fund and implement programs, campaigns and community education initiatives
- Conduct, translate, and commission research, and manage and facilitate access to population health data sets
- Advise government, and lead or support policy development and implementation
- Lead and facilitate collaborations and partnerships
- Build capability and capacity of our partners
- Coordinate and enhance internal systems to support organisational effectiveness and efficiency

MEASURES OF SUCCESS

- Population health indicators
- Signals of system change

The case for preventive health action in South Australia

South Australia faces a growing challenge. Health conditions like heart disease, diabetes and cancer don't just affect individual lives – they erode the wellbeing of communities, reduce quality of life, increase early deaths, place increasing pressure on the health system and reduce productivity.

36% of the total burden of disease in Australia in 2024 could have been prevented by reducing exposure to risk factors such as tobacco use, poor nutrition, being overweight, physical inactivity and harmful alcohol use[1].

The top five leading causes of burden of disease in Australia are largely preventable by addressing key behavioural risk factors, such as overweight and obesity, poor nutrition, tobacco use, harmful alcohol intake and physical inactivity[2].

More people are presenting to hospital with preventable conditions, staying longer and needing more complex care – putting pressure on public health services, increasing wait times and impacting the sustainability of the health system.

In **South Australia**:

- In 2023-24 there were 56,691 potentially preventable hospitalisations, at a rate of 25.7 separations per 1,000 population. This rate nearly trebled to 72.4 separations per 1,000 Aboriginal and Torres Strait Islander South Australians[3].
- Preventable hospitalisations cost $594 million in 2023-24[4].
- Chronic conditions account for 46% of expenditure on preventable hospitalisations[4].
- People admitted to hospital from 2012 to 2020 presented with a greater number of comorbidities and greater complexities, resulting in an increased number of bed days[5].

Without action, the impact is clear: declining health, reduced community wellbeing and quality of life, and an economy burdened by rising health costs and lost productivity. Figure 1 shows the predicted Australian Government health expenditure per person will rise from $3,250 in 2018-19 to $8,700 in 2060-61[6]. With up to one-third of this burden being preventable, there is an opportunity for change to create healthier South Australians across generations.

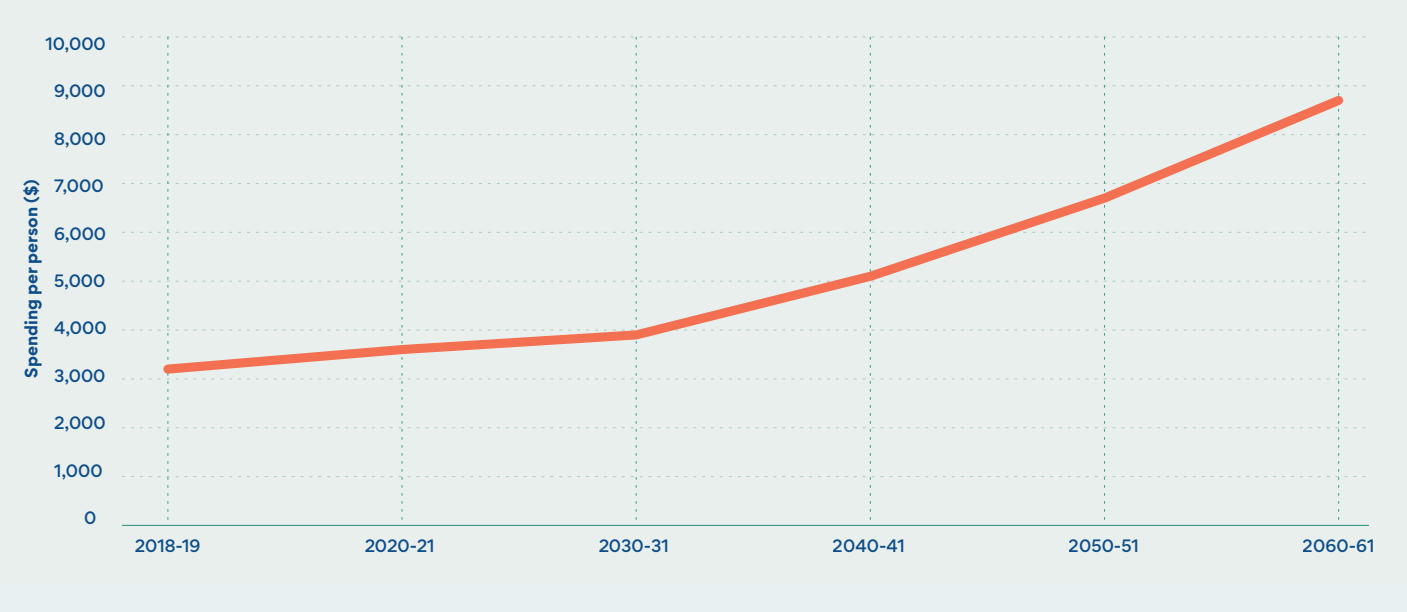


Figure 1: Projections of Australian Government health spending (real spending per person 2020-21 dollars).

South Australian snapshot



17.3%
of young people aged 15-29 use e-cigarettes[1]



7.5%
of people aged 15+ are daily smokers[1]



Around a quarter
of children and adults have a mental health condition[2]



1 in 5 adults
experience high or very high levels of psychological distress[2]



1 in 6 people
used an illicit drug in the last 12 months, cannabis being the most used[3]



A quarter of adults
consume alcohol at levels that increase their risk of injury or disease[4]



57.1%
of Aboriginal people have at least one chronic condition[5]



Almost 1 in 5
children and adults consume fast food at least twice per week[2]



15.2% of adults
and 12.9% of children consume soft drink every day[2]



76%
of children aged 5-17 years do not meet recommended physical activity levels[2]



2 in 5 children
aged 5-17 years exceed recommended screen time on weekdays[2]



31.6% of children
and 64.1% of adults are living with overweight or obesity[2]



By 2030, there will be an additional 64,100 South Australians who are living with overweight or obesity[6]



Estimates show that in 2025, the total cost of overweight and obesity is $4.17 billion, with costs projected to increase to $4.79 billion in 2030[6]

See Appendix for references

Why prevention and policy action matter

PREVENTION IS AN INVESTMENT IN SOUTH AUSTRALIA'S FUTURE

A healthier population means communities thrive and there are lower health costs and stronger economic growth. It means better lives for all, across all generations, so that children grow up healthier, families live longer in good health, and older South Australians can remain active and engaged.

SOUTH AUSTRALIANS SUPPORT PREVENTION

Data collected as part of routine South Australian population health monitoring consistently show high levels of support for policies and initiatives aimed at enabling healthy communities. Of survey respondents:

- 81% were supportive of restricting unhealthy food and drink advertising on government buses, trains and trams[7]
- 86% were supportive of mandating healthy food and drink guidelines in schools, and 76% in public hospital food retail settings[8]
- 77% were supportive of creating a smoke-free generation by introducing a law preventing anyone under 18 years from ever being sold cigarettes or tobacco in their lifetime[9]

PREVENTION IS COST-EFFECTIVE

Many of the biggest contributors to poor health, such as tobacco use, alcohol consumption, unhealthy food environments, physical inactivity, are preventable. Early targeted and coordinated investment helps avoid chronic disease, disability and early death. Evidence shows that every $1.00 invested in prevention returns $14.30 in health and broader economic benefits[10], while modelling across Australian studies further demonstrates that reducing key risk factors leads to substantial savings in healthcare and other government costs, alongside increased productivity[11].

By shifting investment toward preventive health action, the health system can slow growth in demand, ease pressure on acute services, and generate long-term savings while improving overall population wellbeing (Figure 2)[12].

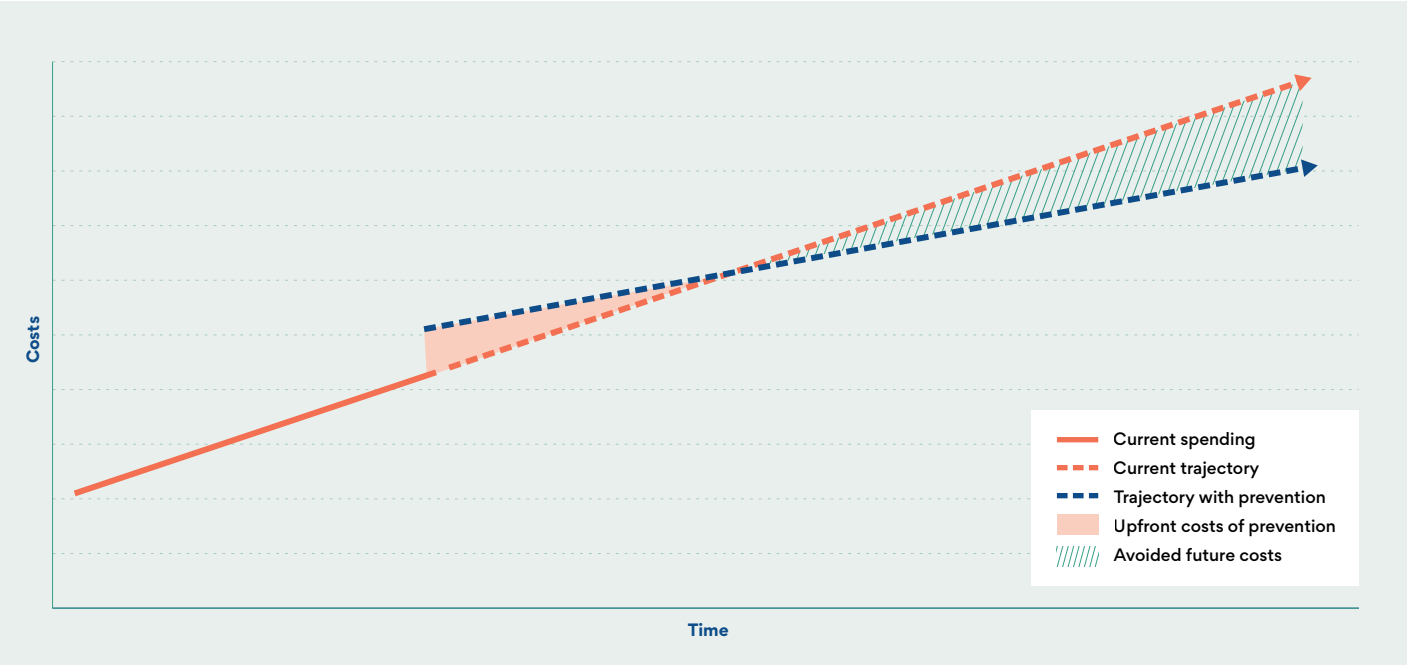


Figure 2: Graphic illustration demonstrating that upfront spending on prevention can reduce overall care costs. Adapted from Productivity Commission Delivering quality care more efficiently: Interim report (2025)[12].

EXPERIENCING GOOD PHYSICAL AND MENTAL HEALTH IS A HUMAN RIGHT

Effective prevention approaches recognise that good health is a fundamental human right, and not everyone experiences or can access health equally. Health inequities mean some communities experience higher exposure to risk factors and greater barriers to accessing safe, supportive environments and services.

In Australia, this is reflected in disparities such as:

- regional and remote populations experiencing higher rates of chronic disease, driven by differences in risk factors, service access and socioeconomic disadvantage[13]
- Aboriginal and Torres Strait Islander people continuing to face high rates of preventable chronic disease linked to smoking, cardiometabolic disease and kidney disease, driven by social and geographic factors[14, 15]
- people in the most socioeconomically disadvantaged areas experiencing higher rates of chronic disease and early death[16, 17]

Similarly, in South Australia between 2015 and 2019, there were 457 deaths among Aboriginal and Torres Strait Islander people aged 0-74 years that were avoidable. The rate (344.3 per 100,000) was triple that of non-Aboriginal people (104.1 per 100,000).[18]

Investing in prevention is an investment in fairness, recognising that good health is the building block to individual, family, community, business and economic success.

GOVERNMENT ACTION REDUCES RISK FACTORS FOR PREVENTABLE CHRONIC DISEASE AND EARLY DEATH

Government policymakers have a responsibility to implement measures that reduce chronic disease risk factors, injury, and early death across the South Australian population. Strong longitudinal evidence shows that when policymakers from across government work together, including those outside the health sector, they can achieve effective and sustained improvements in health, wellbeing and community safety.

Figure 3 shows an example of how coordinated prevention policies have contributed to reducing daily smoking rates in South Australia. This reduction in smoking prevalence has decreased exposure to a major risk factor for chronic disease, contributing to improved population health and reducing long-term pressure on health services.

Similarly, Figure 4 shows how sustained road safety policies and initiatives, driven largely outside the health system, have contributed to a significant decline in the number of deaths on South Australian roads. Policy partners included the Australian Government, and South Australian government departments including SA Police and the Department for Infrastructure and Transport. Together these examples demonstrate how coordinated legislative, regulatory, and public health action across sectors can tangibly contribute to improved population wellbeing and save lives.

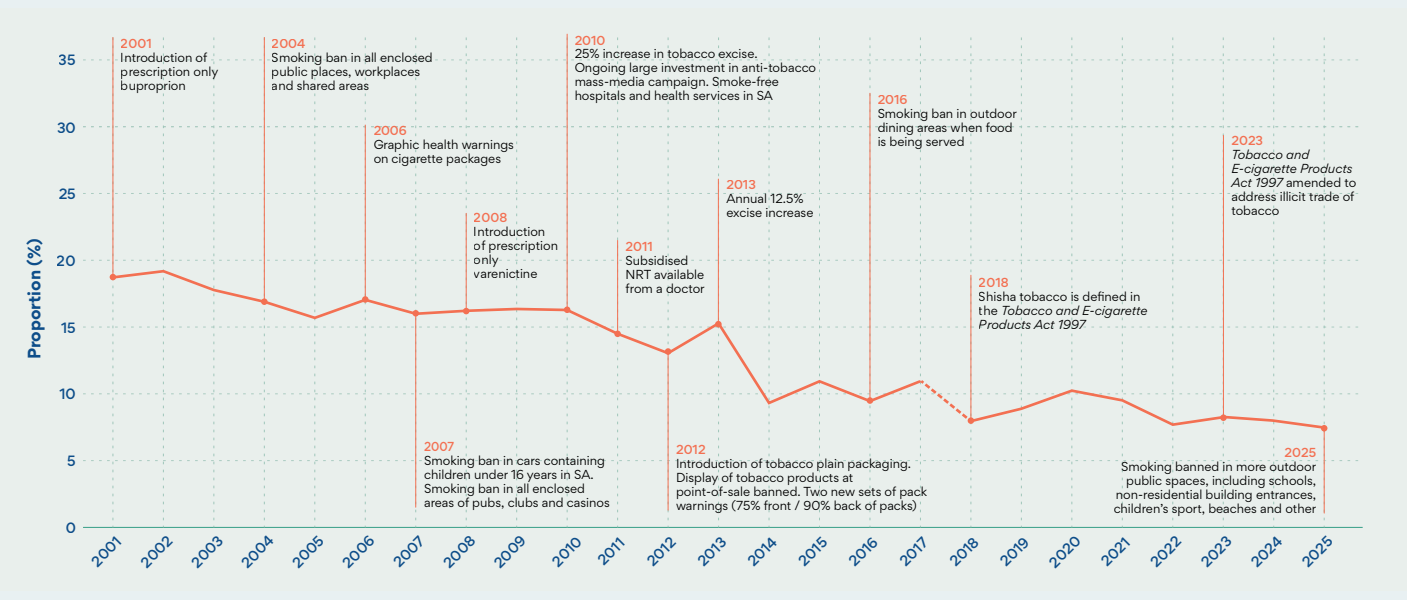


Figure 3: Trend in daily smoking prevalence along with commencement of key tobacco control initiatives for South Australia, 2001-2025.[19, 20]

Note. Proportions were standardised by age and sex to 2021 South Australian population. The red line indicates where data collected via the HOS concludes (2017) and data collected via the PHSMS begins (2018).

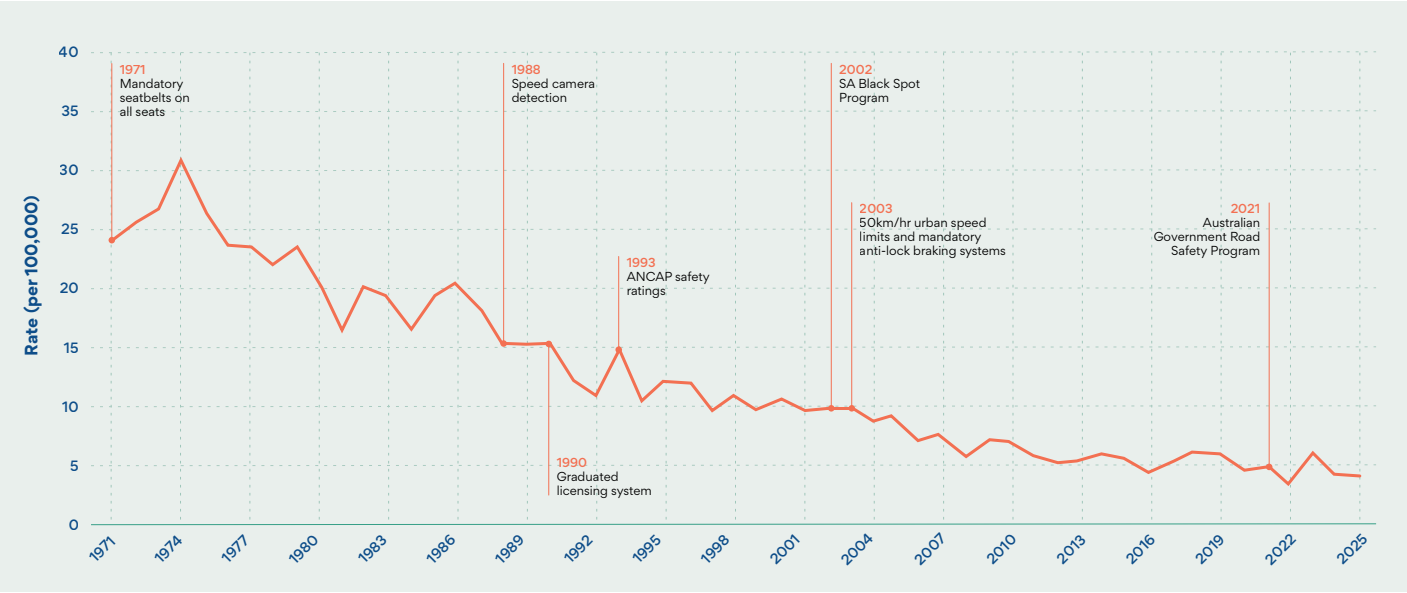


Figure 4: Road fatality rates in South Australia 1971-2025, with key interventions during the observation period[21, 22, 23]

PREVENTION GENERATES SHARED BENEFITS BEYOND HEALTH

Prevention is not just a health strategy – it is a whole-of-government, whole-of-society investment. The drivers of preventable illness, such as housing, education, employment, social connection, community safety and environmental conditions, sit across multiple government portfolios. When sectors work together, prevention delivers a wide range of benefits that extend far beyond health.

Effective prevention strengthens outcomes across society by improving:

- education participation outcomes
- community safety and resilience
- social cohesion and civic participation
- environmental sustainability and liveability
- child development and family wellbeing
- workforce and economic participation

When people are healthy, they can work, study, care for family, and participate in cultural, social and community life. Reduced absenteeism, increased workforce participation, and improved wellbeing contribute to stronger local economies, more stable workforces, and more resilient, connected communities.

In Australia:

- in 2024, Australians lost 5.8 million years of healthy life due to living with illness or injury, or early death[1]
- lost labour force participation from chronic diseases among Australians aged 45-64 years is projected to cost $63.7 billion by 2030[24]
- individuals living with chronic conditions are 60% more likely to be outside the labour force, working part-time, or unemployed.[25]

DELAYING ACTION WILL COST INDIVIDUALS, FAMILIES AND THE COMMUNITY IN THE FUTURE

The top five risk factors contributing to summable health system spending in Australia in 2023-24 were[2]:

1	Overweight and obesity	$7.0 billion
2	High blood plasma glucose	$5.6 billion
3	Tobacco use	$4.6 billion
4	Impaired kidney function	$3.4 billion
5	Alcohol use	$3.1 billion

Australian population health forecasts for the next 30 years, indicate significant rises in conditions, including dementia, anxiety, depression, and people living with more than one chronic disease.[2, 26]

The prevalence of cancers, cardiovascular diseases, and diabetes is expected to remain high over this period.[27] These patterns are mainly driven by risk factors such as obesity, tobacco use, harmful alcohol consumption, unhealthy diet, and physical inactivity, along with an ageing population.[28]

The projected total societal cost of tobacco, opioids, cannabis, methamphetamine and alcohol use in 2022–23 was $264.4 billion, led by costs associated with early death.[29]



A Plan for healthier South Australians across generations

About the Plan

VISION AND PURPOSE

The Plan sets out the path to achieving the vision of healthier South Australians, across generations. Guided by Preventive Health SA's purpose to lead evidence-informed, innovative and integrated action, the Plan aims to prevent and reduce the burden of chronic disease and improve health equity across South Australia.

A PLAN BACKED BY LEGISLATION

This is Preventive Health SA's statutory Plan, prepared and delivered under the *Preventive Health SA Act 2024* (the Act). The Act ensures prevention is a permanent part of South Australia's health system – through the establishment of a dedicated prevention agency and the development of a Strategic Plan.

The Act:

- establishes Preventive Health SA as South Australia's dedicated prevention agency, leading whole-of-system action on prevention, and implementation of this Plan
- sets the Plan as the foundation for long-term, coordinated preventive health action across government and communities
- gives the Plan the authority to put collaboration, innovation and evidence-based practice into policy and initiative development.

This means that the Plan is more than a guide for action – it is a statutory commitment to embed prevention into decision-making, resource allocation and partnerships to improve population wellbeing, now and into the future. It enshrines key prevention priorities (Figure 5), recognises the broader factors that influence health and wellbeing, and highlights the need for sustained, system-wide effort to address the factors that shape health outcomes.



Figure 5: Prevention priority areas under the Preventive Health SA Act 2024.

A PLAN THAT RECOGNISES THE DETERMINANTS OF HEALTH

Health and wellbeing are influenced by social, cultural, environmental, and commercial systems. These systems are known as the determinants of health – the conditions in which people are born, grow, live, work, and age (Figure 6).

The determinants of health can be both a protective factor, or they can drive exposure to risk factors that account for much of South Australia's burden of chronic disease, leading to preventable illness and early deaths.

Together, determinants of health and risk factors shape whether communities have equitable access to opportunities for healthy living, through vibrant and healthy community spaces, workplaces, schools and early childhood settings.

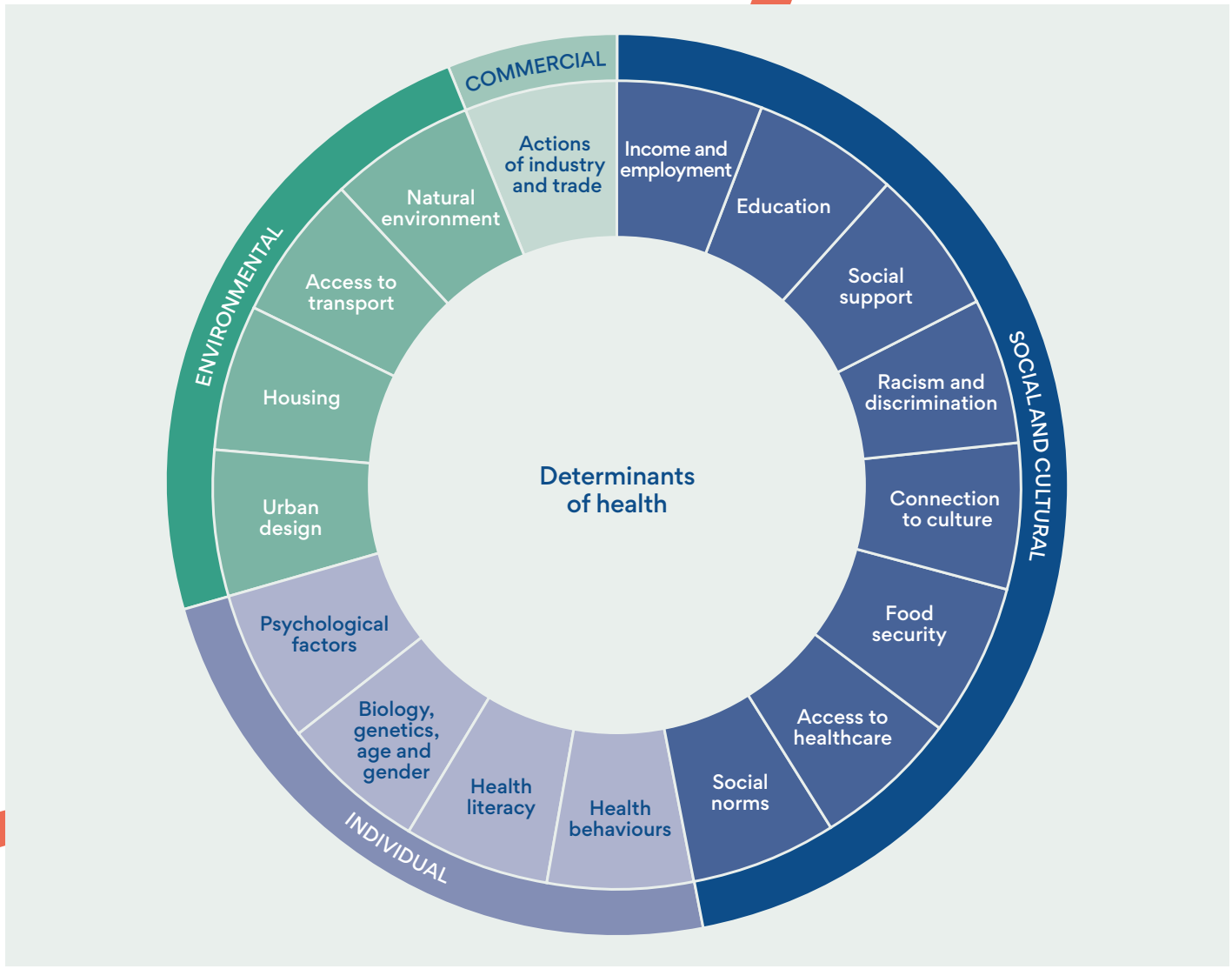


Figure 6: Determinants of health



Improving Aboriginal and Torres Strait Islander health and wellbeing

Improving Aboriginal and Torres Strait Islander health and wellbeing requires recognising and promoting the cultural strengths that keep people well, while addressing the social and environmental factors that impact wellbeing.

A key priority of this Plan is closing the ongoing health gaps experienced by Aboriginal and Torres Strait Islander South Australians through strengthening partnerships, shared decision-making and the implementation of culturally safe and community-led initiatives. This is consistent with the Object of the Act *'to improve health equity, healing and wellbeing for Aboriginal and Torres Strait Islander persons through preventive health action'* and South Australia's Closing the Gap Implementation Plan.

Work with Aboriginal and Torres Strait Islander communities will recognise cultural authority and the right to self-determination and acknowledges the cultural determinants of health – connection to culture, kinship, country, language, and knowledge and belief systems – as protective factors for wellbeing. Approaches will be Aboriginal and Torres Strait community-led and culturally safe, with a strong focus on collaboration, shared decision-making and strengths-based practice grounded in culture.

Guided by Preventive Health SA's Cultural Governance Framework, health and wellbeing action will be embedded as a core consideration across agency plans, policies and decision-making, alongside targeted initiatives. This is operationalised through Aboriginal health impact assessments to ensure that work is culturally appropriate, and that potential impacts on Aboriginal and Torres Strait Islander health and wellbeing are identified and addressed.

Communities will play an active role in shaping priorities, informing the design and implementation of initiatives, contributing to evaluation, and guiding decision-making through Aboriginal and Torres Strait Islander-led governance processes, and community-led initiatives.

Preventive health action will improve Aboriginal and Torres Strait Islander health and wellbeing through:

- partnering with and funding the South Australian Aboriginal Community Controlled Organisation Network to build effective public health responses with the Aboriginal Community Controlled Sector
- delivering targeted education and awareness raising campaigns and initiatives
- strengthening partnerships and collaboration with Aboriginal Community Controlled organisations and leaders
- implementing programs and initiatives that increase knowledge and self-determination, are informed by community needs, and acknowledge the value and importance of Aboriginal culture and knowledge in design, delivery and decision-making
- establishing Aboriginal and Torres Strait Islander-led governance processes with decision-making authority to assess Aboriginal health impact statements and Indigenous Data Governance practices
- supporting culturally safe, community-led research, and data collection, analysis and reporting that reflects the principles of the South Australian Aboriginal Health Research Accord 2026-2036.

Preventive health approach

TARGETING KEY RISK FACTORS DRIVING THE GREATEST HEALTH BURDEN

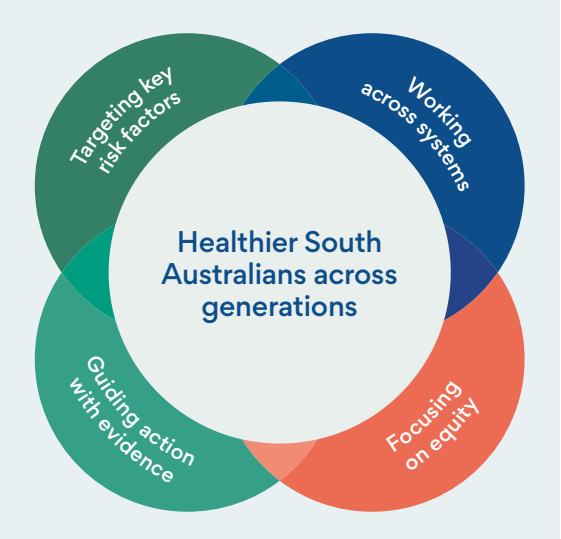
Consistent with the Act, and as shown in Figure 7, Preventive Health SA will prioritise the factors that have the greatest impact on health and wellbeing in South Australia, including:

- tobacco and e-cigarette use
- unhealthy diets
- physical inactivity
- overweight and obesity
- alcohol and other drug use
- mental health and wellbeing
- suicide prevention.

Tackling these factors requires more than individual action: it means creating supportive environments, investing for the long-term, and coordinating efforts across sectors to make healthy choices easier and more accessible.

By taking action on these risk factors, Preventive Health SA is also contributing to addressing the upstream drivers of a wider range of chronic health conditions, including cancer, cardiovascular disease, diabetes, dementia and injury.

This is Preventive Health SA's first Strategic Plan under legislation. As part of the four-year review, Preventive Health SA will consider whether other conditions or risk factors should be incorporated into future scope.



WORKING ACROSS SYSTEMS TO CHANGE THE CONDITIONS THAT SHAPE HEALTH

Addressing the conditions that shape health and wellbeing is complex and interconnected. To make prevention effective and sustainable, Preventive Health SA works across government, non-government, health services, education, housing, transport and communities to take action on the social and economic determinants of health – such as income, education, housing, culture and safety.

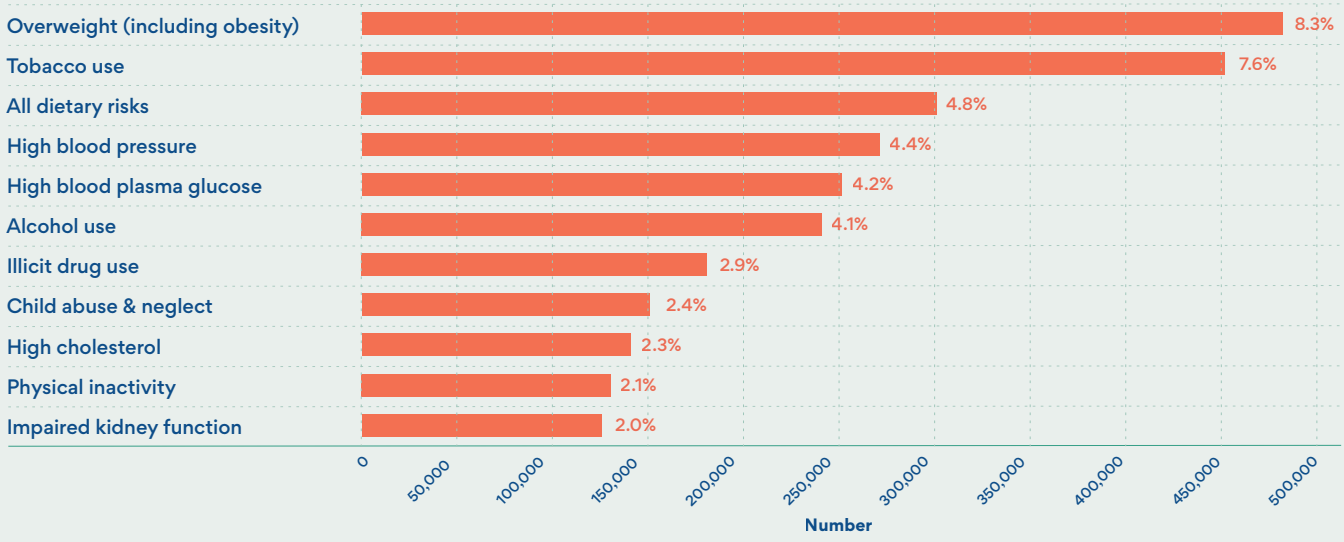


Figure 7: Leading risk factors contributing to chronic disease burden in Australia, number and percentage of total burden

Recognising that many health outcomes share common determinants and risk factors, Preventive Health SA is committed to building capacity, sharing knowledge and strengthening partnerships across government, local councils, the health sector, community organisations, researchers, industry and the South Australian community.

FOCUSSING ON EQUITY

This Plan adopts an equity-focused approach, recognising that improving population health requires reducing avoidable and unfair differences in health outcomes and creating the conditions for all South Australians to achieve good health and wellbeing.

Improving health equity requires action on both the determinants of health and risk factors that disproportionately impact people and communities. The Plan combines universal action that benefits all South Australians with targeted action for population groups experiencing poorer health outcomes, greater exposure to risk factors, or barriers to health and wellbeing. Targeted action addresses the social and cultural, commercial, and environmental factors that contribute to inequities and a disproportionate burden of preventable illness.

Priority populations are identified using the best available evidence, including population health data, chronic disease and risk factor trends, health equity considerations, emerging issues, lived experience and community needs. While the legislated priority areas may evolve over time, particular focus will be given to population groups that consistently experience poorer health outcomes due to inequities, including Aboriginal and Torres Strait Islander people, people living in rural and remote communities and people experiencing socioeconomic disadvantage. The Plan recognises that individuals may belong to more than one priority population and that these intersecting experiences can contribute to greater health inequities.

GUIDING ACTION WITH DATA, EXPERIENCE AND EVIDENCE

Data, research, cultural knowledge and lived experience will guide decisions and action. This evidence-based approach helps to ensure resources are targeted where they will have the greatest impact, prevention priorities can adapt to emerging challenges, and prevention work delivers lasting, equitable health outcomes.



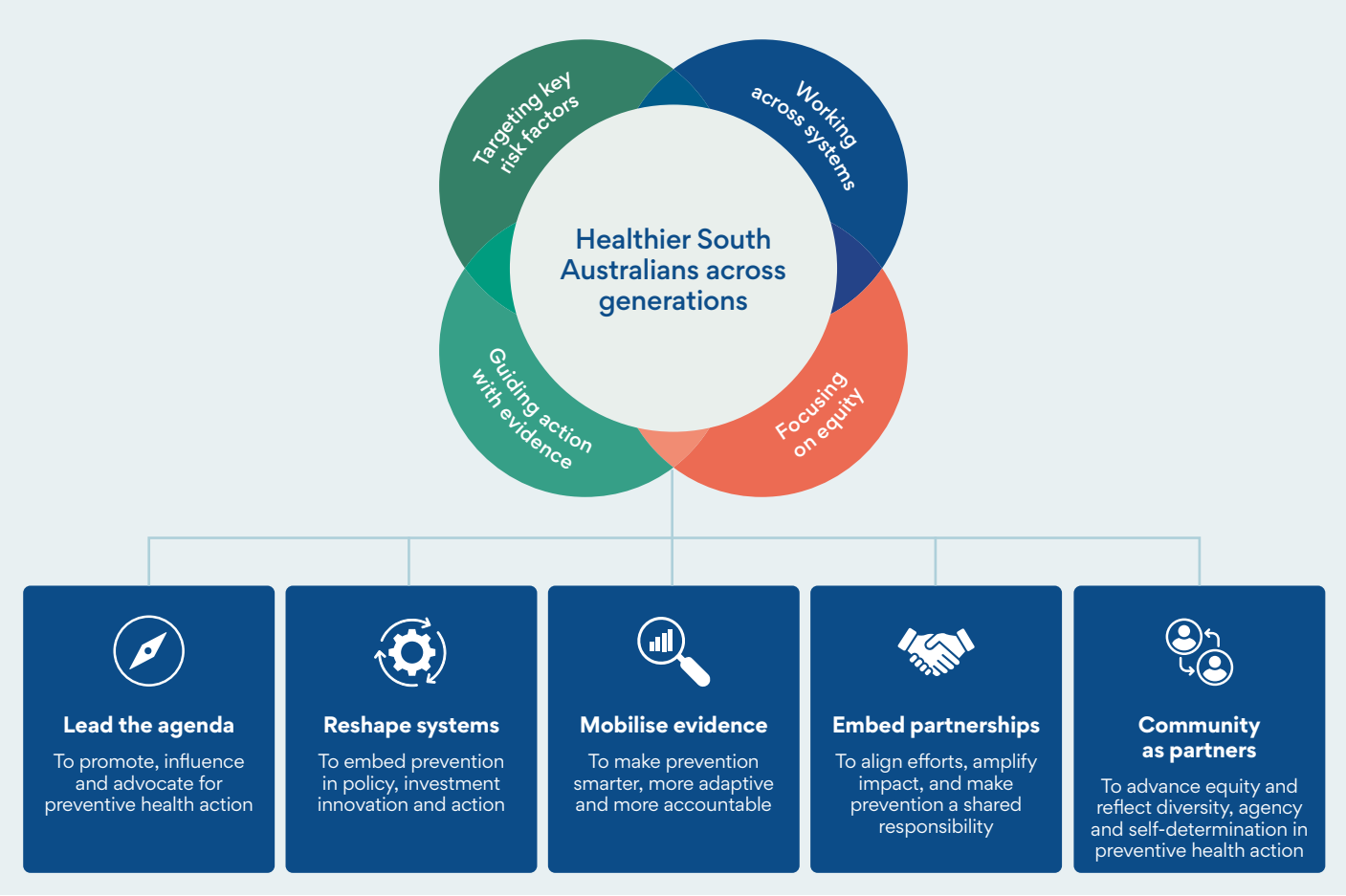
Objectives and Strategies

Creating a healthier South Australia across generations requires a bold, coordinated shift in how prevention policy and action is designed, delivered and sustained.

The rising burden of chronic disease calls for a system that can respond not only to immediate challenges, but also to the deeper conditions that influence health over time. Strengthening prevention means working in partnership to build the structures, relationships and capabilities that enable sustained action and ensure all South Australians have the opportunity to live well.

The five objectives are consistent with the Objects, key principle and legislated functions in the Act and represent the key pillars of a strong and effective prevention system. They focus on **leading the agenda, reshaping systems, mobilising evidence, embedding partnerships, and communities as partners.** Each offers a distinct domain of influence, with evidence-informed strategies to guide practical action and drive progress. Under each objective are directional ambitions of what Preventive Health SA plans to achieve by 2030 and 2034.

While each objective can have impact on its own, their value lies in how they interact and reinforce one another, creating a prevention system that is more coordinated, responsive, effective, and sustainable.



Lead the agenda
to promote, influence and advocate for preventive health action

Driving meaningful change in prevention requires leadership with a strong, consistent voice to raise awareness, set direction, shape priorities, and drive action.

This objective is about making prevention a core part of health and wellbeing – across government, sectors, and communities. Leading the agenda means influencing policy, championing investment, and ensuring prevention is visible and valued in every decision.

It's also about advocating for equity, giving voice to those most affected, and building momentum for bold, evidence-based action. When leadership is strong and consistent, it creates the conditions for collaboration, innovation, and long-term commitment, making prevention a shared priority that drives healthier futures for all South Australians.

Key strategies

1. **Shape a transformative, long-term agenda for preventive health** by leading a clear state-wide vision for prevention, shaping policy, working across systems, and securing long-term investment to create healthier environments and communities.
2. **Deliver population-level impact through high impact initiatives and equity-driven action** that reduce risk factors, drive behaviour change and reduce health inequities, ensuring communities with the greatest need benefit first.
3. **Embed equity, inclusion and cultural strength at the core of all prevention efforts** by working in genuine partnership with diverse communities to remove barriers, respond to lived experience, and design prevention approaches grounded in cultural knowledge and strengths.
4. **Build a shared, state-wide understanding of prevention that drives action** by creating and championing clear, inclusive prevention messages that build understanding, bring partners together, and drive sustained community wide action.

WE WILL SEE

By 2030

- Government and community organisations are **delivering a unified South Australian Obesity Prevention Action Plan**, resulting in healthier food environments, more active neighbourhoods and early signs of behaviour change to reduce obesity-related chronic disease.
- The **South Australian Alcohol and Other Drug Strategy 2025–2030** is implemented, with communities reporting fewer alcohol-related injuries, safer precincts and improved access to treatment and support.
- **A growing number of State Authorities have active Suicide Prevention Action Plans**, visible through workplace wellbeing initiatives, safer organisational cultures and strengthened community connections.
- **South Australia's Tobacco Control Strategy 2023–2027** is fully implemented, with smoking prevalence decreasing, and the next Strategy in place.
- An integrated approach to support the **Mental Wellbeing of Children and Young People** is developed for government consideration, guiding coordinated action for strong mental wellbeing.
- **A four-year review of our Strategic Plan completed** with the report tabled in Parliament as required under the Act.
- **Government policies and regulatory decisions routinely consider long-term health impacts**, with proposals expected to demonstrate how they support the wellbeing of current and future generations.

By 2034

- **Economic analyses demonstrate cost-effective preventive health investments**, providing a strong evidence base to guide future government spending.
- **Additional Suicide Prevention Action Plans are activated by State Authorities**, supporting a coordinated, whole-of-government approach to reducing suicide risk across workplaces and communities.

Reshape systems
to embed prevention in policy, investment, innovation and action

Health and wellbeing is influenced by many interconnected systems, like health, education, housing, transport, workplaces, community networks, and the industries and social structures around us.

To make a real difference, these systems need to work together to support good health and make prevention part of everyday decisions, supporting everyone, from governments and non-government, to communities, to play their part.

It requires the implementation of a multi-strategy approach including legislation, investment, digital interventions, policy, communications, research and evidence-informed initiatives, to build healthier communities and a stronger, more sustainable future.

Key strategies

1. **Embed prevention into major decisions to shift systems** by delivering authoritative, actionable evidence to shape regulation, policy, research and investment, so healthier choices and environments become the default.
2. **Lead a coordinated, cross-sector movement for prevention** by aligning preventive health efforts across government and non-government and equipping partners to lead prevention action within their sphere of influence.
3. **Strengthen prevention capability, workforce and leadership** through building the prevention ecosystem and enabling cross-sector collaboration to drive innovation and influence sustainable change.
4. **Activate policy, legislation, and other system levers** to reshape the environments, systems and social conditions that perpetuate unhealthy patterns.

WE WILL SEE

By 2030

- **Uptake of preventive health policy and action grows significantly across government and civil society, enabled by deliberate workforce development efforts**, such as expanded training, strengthened capability frameworks and supported career pathways that build the skills, confidence and capacity needed to design, deliver and sustain prevention initiatives in diverse settings.
- **Preventive Health SA supports the activation of Aboriginal health partnerships for preventive health**, with Aboriginal Community Controlled Organisations leading culturally grounded programs and expanding their workforce.
- **Cross government and civil society Innovation Labs and leadership networks are operating**, producing shared solutions to issues such as healthy urban design, commercial determinants of unhealthy diets and youth wellbeing.

By 2034

- **Preventive Health SA's advice supports greater and more consistent reflection of prevention and equity considerations** in government policy and legislation.
- **Key government agencies' strategic and operational plans incorporate prevention and equity priorities**, influencing how programs evolve over time.
- **Preventive Health SA promotes the use of wellbeing impact assessments in major investment decisions**, to help funding and procurement processes favour approaches that deliver long-term health and wellbeing benefits.
- **New cross government and civil society partnerships are delivering and evaluating innovative preventive programs** that address social determinants such as housing, transport and education.

Mobilise evidence
to make prevention smarter, more adaptive and more effective

Evidence helps us understand what makes prevention work – who it works for, when, and why. It comes in many forms, including research, data, lived experience, and the knowledge held by communities.

This objective recognises that when evidence is easy to find, trusted, and used well, it leads to better decisions, clearer priorities, and greater impact.

Using evidence means making it easier to access up-to-date information and share learnings. It also means improving the measurement of impact, respecting different types of knowledge, and building a shared understanding of where efforts are making a difference.

When evidence is part of everyday decision-making, prevention becomes smarter, more flexible, and more effective.

Key strategies

1. **Use evidence to drive system-wide prevention policy and action** by embedding processes for generating, interpreting and sharing high-quality data and evidence to guide shared decision-making and priority-setting.
2. **Build a powerful, coordinated research agenda that accelerates prevention impact** by establishing a systematic, cross-sector approach to undertaking, commissioning, partnering on and translating research for population-level and targeted prevention priorities.
3. **Strengthen accountability and guide smarter investment** with transparent and consistent mechanisms to monitor and report on prevention investment to demonstrate value and inform strategic long-term resource allocation.
4. **Embed practical and proportionate evaluation systems** in prevention to drive improvement, demonstrate outcomes and impact, enable effective approaches to be scaled and support shared accountability.
5. **Enable Indigenous data sovereignty** by supporting Aboriginal-led data collection, analysis and interpretation; and embed principles of Indigenous data sovereignty in all prevention monitoring and evaluation frameworks ensuring culturally grounded, self-determined insights drive action and accountability.

WE WILL SEE

By 2030

- **Economic analyses demonstrate which preventive actions deliver the greatest impact**, guiding pilots and government investment decisions.
- **Prevention data is easy to access and understand, with dashboards and summaries** used by policymakers, practitioners and communities.
- **Evaluation and monitoring** embedded in all preventive health policy and action.
- **Indigenous data sovereignty principles shape how data is collected, governed and shared,** with Aboriginal communities controlling how their data informs programs.
- **Regular public reporting** tracks progress on preventive health actions, investment and outcomes.

By 2034

- **Preventive health investment supports long-term sustainable programs.**
- **Trends in key health risk factors**, such as smoking, harmful alcohol use, physical inactivity and poor nutrition, are tracked against previous trajectories to guide system-wide investment and action.
- **Prevention research and data are routinely used to design, implement and evaluate policies**, with agencies demonstrating evidence-based decision-making.
- **Outcomes from funded preventive programs are peer-reviewed and published,** strengthening transparency and shared learning.

Embed partnerships
to align efforts, amplify impact, and make prevention a shared responsibility

When prevention is a shared priority across sectors, actions become better connected, inclusive, and more effective.

Building strong partnerships means establishing long-term relationships that are built on trust, cultural safety, and mutual respect, and give all partners a voice in shaping decisions. It also means creating structures that support shared priorities, enable knowledge exchange, and integrate diverse perspectives in governance and leadership.

Strengthening partnerships with Aboriginal Community Controlled Organisations is central to this work, ensuring prevention efforts are designed, delivered, and evaluated in ways that are culturally informed and community-led.

When partnerships are valued and supported in this way, prevention becomes stronger.

Key strategies

1. **Build and sustain high-impact strategic partnerships** through long-term agreements and inclusive decision-making structures that ensure partners have ongoing influence and shared ownership.
2. **Unite partners on shared prevention priorities and outcomes** to guide coordinated action, align resources, measure joint progress and demonstrate collective impact.
3. **Collaborate with communities and organisations** to shape social and physical environments that make healthy, safe and active choices easier for everyone.
4. **Activate knowledge exchange across partners** by building systems for sharing insights to build collective prevention understanding and action.
5. **Strengthen partnerships with Aboriginal Community Controlled Organisations** and leaders, built on respect, trust and cultural understanding, for the design, delivery and evaluation of self-determined prevention initiatives.

WE WILL SEE

By 2030

- **A Future Generations Network** is enabling cross-government planning to improve the wellbeing of children and young people, with shared priorities and joint initiatives underway.
- **New partnerships with Aboriginal Community Controlled Organisations are co-designed**, delivering programs that reflect Aboriginal and Torres Strait Islander health priorities and cultural strengths.
- **Active learning networks and communities of practice** are sharing insights, trialling innovations and spreading successful approaches across sectors.
- **Place-based, community-designed preventive initiatives are expanding in regions** with the greatest health inequities, with local leaders shaping solutions.

By 2034

- **Continued investment in Aboriginal-led prevention programs**, supports long-term implementation and strengthens cultural, social and community determinants of health.
- **All preventive health measures combine population wide policies with targeted equity approaches**, reducing health gaps and improving outcomes for priority groups.

Community as partners
to advance equity and reflect diversity, agency and self-determination in preventive health action

Communities are experts in their own lives and play a vital role in shaping the conditions that support health and wellbeing. Lasting change only happens when communities are active partners in shaping decisions, environments, and prevention efforts reflect their needs and aspirations.

Supporting communities means building trust, sharing leadership, and meaningful participation. It's about listening, supporting community priorities, and ensuring access to resources, connections, and places that support healthy living – especially for those who've been historically excluded or face systemic barriers.

When the prevention system listens to and works with communities, prevention becomes more relevant and effective.

Key strategies

1. **Recognise and strengthen community knowledge, leadership and lived expertise,** co-developing culturally appropriate and accessible preventive health initiatives that reflect community priorities.
2. **Share decision-making authority with community stakeholders** and embed community leadership in program design, delivery and evaluation.
3. **Use lived-experience to embed diverse perspectives into decision-making** so prevention decisions are shaped by community.
4. **Strengthen place-based approaches** by supporting local leaders, councils and communities to create local solutions and tailor existing prevention strategies to reflect their unique needs, priorities and strengths.
5. **Advance equity through targeted action** that recognises and responds to the needs of communities experiencing health inequities.

WE WILL SEE

By 2030

- State-wide surveys show **rising community support for preventive health initiatives** and increasing access to walking groups, healthy eating initiatives and smoke-free events.
- **Co-design with Aboriginal and Torres Strait Islander communities shapes agency priorities**, with clear accountability for meeting Closing the Gap commitments.
- **Public education campaigns improve health literacy and demonstrate early signs of behaviour change** in areas such as nutrition, physical activity and smoking.
- **Partnerships with universities and community organisations deliver high-quality, evidence-informed programs** that reach priority populations in preventive health action and screening.

By 2034

- **Community support for preventive health is strong**, with sustained positive trends in surveys and high participation in prevention initiatives.
- **Behavioural change is evident across key risk factors**, due to policies in place that support wellbeing, enabling communities to adopt healthier lifestyles.
- **Government and partners deliver more preventive health action** because they have access to strong evidence, skilled workforces, technical support and sustained investment.

Delivery of the Plan

Preventive Health SA will deliver its legislated Functions and the objectives of this Plan through a range of preventive health action areas in partnership with stakeholders. This includes:

- funding and implementing programs, campaigns and community education initiatives
- conducting, translating and commissioning research, and facilitating access to population health data sets
- advising government and leading or supporting policy development and implementation
- leading and facilitating collaborations and partnerships
- building capability and capacity with our partners
- coordinating and enhancing internal systems to support organisational effectiveness and efficiency

Appendix B outlines how these functions are enacted across two levels of involvement from Preventive Health SA – leading and partnering.

Achieving the outcomes of this Plan require operationalisation across multiple areas, as shown in Figure 8. Preventive Health SA will:

- work across systems and sectors to deliver priority action as articulated through the enabling legislation
- collaborate with other government agencies (Section 7(4) of the Act) by engaging department Chief Executives and inviting participation in cross-government working groups, innovation labs or forums that address issues of shared impact, building on successful models that are already in place
- implement priority actions through specific state and national strategies endorsed across jurisdictions
- ensure work is informed by data, evidence and community insights, and delivered through a continuous improvement approach recognising that incremental and pragmatic approaches will require time to embed into systems
- operationalise health equity through health equity assessments and Aboriginal health impact assessments
- address commercial determinants of health by identifying and advising government on the most effective evidence-based and proportionate strategic responses
- monitor and evaluate change including the measurement of population health outcomes, system-level change, organisational effectiveness and performance

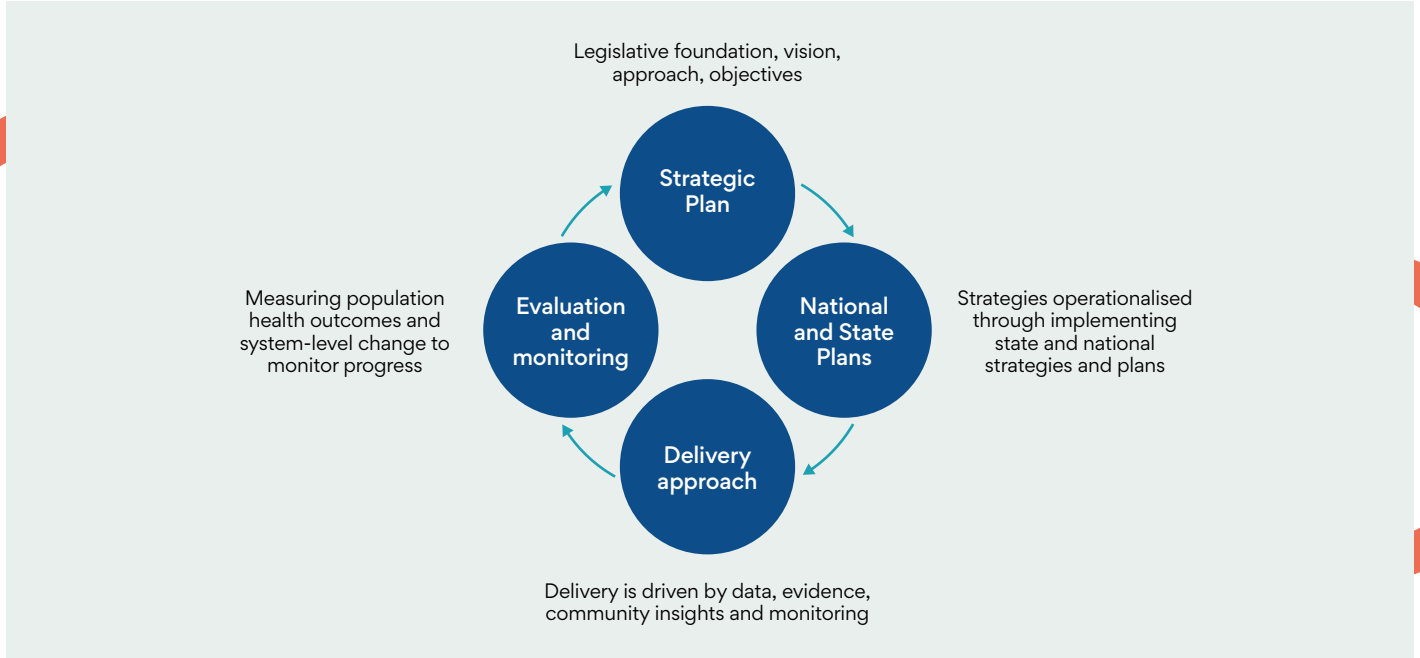


Figure 8: How the plan will be operationalised.



BUILDING ON NATIONAL AND STATE-WIDE COMMITMENTS

The Plan doesn't stand alone – it builds on and is operationalised through the delivery of action, aligned with national and state strategies, with implementation plans in place for issue-specific strategies, such as the South Australian Tobacco Control Strategy and Alcohol and Other Drug Strategy. For a full list of the national and state strategies and plans that complement the Plan, see Appendix C.

Preventive Health SA's work in mental wellbeing and suicide prevention is guided by the legislative framework established under the *Suicide Prevention Act 2021*, which provides dedicated governance arrangements, including the South Australian Suicide Prevention Plan and associated Suicide Prevention Action Plans for prescribed state authorities. Preventive Health SA contributes to suicide prevention through the responsibilities assigned to the agency under these arrangements, working in partnership with other agencies and sectors to deliver agreed actions and support a coordinated, whole-of-government approach to suicide prevention.

The Plan also aligns with the State Public Health Plan established under the *South Australian Public Health Act 2011*. Preventive Health SA's work sits within the broader scope of public health, which seeks to protect, promote and improve population health through coordinated action across government, communities and sectors. Preventive Health SA works collaboratively with the Chief Public Health Officer, sharing data and evidence to support implementation of the State Public Health Plan. This reflects a coordinated approach that recognises the distinct but complementary roles under their respective legislation. This Plan focuses on prevention and the risk factors driving chronic disease, contributing to the objectives of the State Public Health Plan by addressing the conditions that shape health outcomes and health equity across the population.



Measuring success

Preventive Health SA seeks to enable systemic shifts that make preventive health action more effective and sustainable, ultimately contributing to long-term population health outcomes.

Monitoring success will involve two interconnected approaches, each supported by robust monitoring, evaluation and reporting practices. A Monitoring, Evaluation and Learning Framework, will assess: 1) our role and commitment to systems-level change and 2) the impact on population health outcomes.

SYSTEMS-LEVEL CHANGE

As Preventive Health SA delivers on its legislative functions under the Act and the objectives and strategies of this Plan, the conditions that shape population health and health equity in South Australia will change. Because systems change is complex, occurs over long time frames, and can be difficult to measure directly, Preventive Health SA will monitor indicators of system change to understand whether the underlying systems, structures, relationships and ways of working that hold poor health in place are shifting in the desired direction. Change will be monitored across four system levers, as shown in Figure 9, to track progress and assess contributions to systems-level change.

POPULATION HEALTH OUTCOMES

Population health and wellbeing outcomes will be monitored consistent with the National Preventive Health Strategy 2021-2030, recognising that progress in these areas depends on the alignment, contributions and commitment of all partners across the system.

POLICIES	PERSPECTIVES	PARTNERSHIPS	PROGRAMS
Prevention becomes a routine part of how government and organisations plan, make decisions, and deliver their work	The way people think and talk about prevention shifts, with a shared recognition of the breadth of actions needed to improve health and health equity	People and organisations from across sectors work together, sharing knowledge and resources to strengthen preventive action	Prevention initiatives are diverse, evidence-informed, co-designed with communities as appropriate, and delivered equitably

Figure 9: Monitoring change across four key system levers

Appendices

Appendix A
References

1. Burden of Disease and Mortality Unit, Australian Institute of Health and Welfare (AIHW), Australian Burden of Disease Study 2024. 2024: Web report.
2. Health Economics Unit, Australian Institute of Health and Welfare (AIHW), Health system spending per case of disease and for certain risk factors. 2025: Online.
3. Australian Institute of Health and Welfare (AIHW). Admitted Patient Safety and Quality: Potentially preventable hospitalisations. 2025; Available from: https://www.aihw.gov.au/hospitals/topics/admitted-patient-safety-and-quality/potentially-preventable-hospitalisations.
4. Australian Institute of Health and Welfare (AIHW), Cost of potentially preventable hospitalisations in Australia, 2014–15 to 2023–24. 2025.
5. Preventive Health SA, Childhood Overweight and Obesity in South Australia: An evidence-based summary for action.
6. Commonwealth of Australia, 2021 Intergenerational Report: Australia over the next 40 years. 2021, The Honourable Josh Frydenberg MP, Tresurer of the Commonwealth of Australia;. p. 198.
7. Preventive Health SA, Population Health Survey Module System: April 2024 (2). 2024: Unpublished,.
8. Preventive Health SA, Population Health Survey Module System. 2025: Unpublished.
9. Preventive Health SA, Population Health Survey Module System: December 2024 (2). 2024: Unpublished,.
10. Department of Health and Aged Care, Health protection, preventive health and sport – Budget 2023–24, Department of Health and Aged Care, Editor. 2023, Australian Government: Online.
11. Crosland, P., et al., The economic cost of preventable disease in Australia: a systematic review of estimates and methods. Aust N Z J Public Health, 2019. 43(5): p. 484-495.
12. Productivity Commission, Delivering quality care more efficiently: Interim report. 2025.
13. Australian Institute of Health and Welfare. Rural and remote health. 2025 20 November 2025 26 February 2026]; Available from: https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health.
14. Australian Bureau of Statistics (ABS), National Aboriginal and Torres Strait Islander Health Survey: 2022-23 financial year. 2024: Online.
15. Australian Bureau of Statistics (ABS), 10 insights into health of Aboriginal and Torres Strait Islander peoples for 2022–23. 2024, ABS: Online.
16. Public Health Information Development Unit (PHIDU), Torrens University Australia. Premature mortality: variations over time by age, sex, cause of death, socioeconomic disadvantage and remoteness. 2022 28 November 2025]; Available from: https://phidu.torrens.edu.au/pdf/2020-onwards/factsheets/Premature_mortality_fact_sheet.pdf.
17. Australian Institute of Health and Welfare (AIHW). Chronic Conditions. 2024 13 June 2025 28 November 2025]; Available from: https://www.aihw.gov.au/reports/australias-health/chronic-conditions.
18. National Indigenous Australians Agency, Australian Institute of Health and Welfare. Health Performance Framework - Summary Report June 2025. Tier 1 - Health status and outcomes: 1.24 Avoidable and preventable deaths. Health Performance Framework - Summary Report June 2025 2022; Available from: https://www.indigenoushpf.gov.au/measures/1-24-avoidable-and-preventable-deaths/data#DataTablesAndResources.
19. Health Policy Centre, Report on progress against the 'South Australian Tobacco Control Strategy 2023-2027'. 2024, South Australian Health and Medical Research Institute (SAHMRI): Adelaide, South Australia.
20. Høj, S.B., et al., Report on progress against the South Australian Tobacco Control Strategy 2023-2027. 2026, Flinders Health and Medical Research Institute: Adelaide, South Australia.
21. Road Safety Policy and Reform, Department for Infrastructure and Transport 2025 preliminary lives lost in South Australia. 2026.
22. Australian Bureau of Statistics (ABS), National, state and territory population. 2025.
23. National Road Safety Annual Progress Report 2023. 2024.

24. Schofield, D.J., et al., Lost productive life years caused by chronic conditions in Australians aged 45-64 years, 2010-2030. Med J Aust, 2015. 203(6): p. 260.e1-6.

25. Australian Institute of Health and Welfare (AIHW), Chronic disease and participation in work. 2009: Canberra, ACT, Australia.

26. Australian Institute of Health and Welfare (AIHW), Multimorbidity in Australia. 2025: Web report.

27. Freihat, O., et al., Global burden and future projections of non-communicable diseases (2000-2050): Progress toward SDG 3.4 and disparities across regions and risk factors. PLoS One, 2025. 20(12): p. e0336036.

28. Adams, M.L., et al., The impact of key modifiable risk factors on leading chronic conditions. Prev Med, 2019. 120: p. 113-118.

29. Gadsden, T., et al., Updated social and economic costs of alcohol, tobacco, and drug use in Australia, 2022/23. 2023.

SNAPSHOT REFERENCES

1. Høj, S., N. Harrison, V. Kostadinov, et al., Report on progress against the South Australian Tobacco Control Strategy 2023-2027. 2026, National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical Research Institute, Flinders University.

2. Preventive Health SA, South Australian Population Health Survey (SAPHS), January 2025-December 2025: South Australia, [Dataset].

3. Australian Institute of Health and Welfare (AIHW). National Drug Strategy Household Survey 2022–2023: State and Territory summaries of alcohol, tobacco, e-cigarette and other drug use, in 2024, 29 February 2024. Available from: https://www.aihw.gov.au/reports/illicit-use-of-drugs/state-alcohol-drug-use.

4. National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical Research Institute, and Flinders University, Population Health Survey Module System (PHSMS), 3 November 2025-January 2026: South Australia [Dataset]. 2026, Preventive Health SA.

5. Australian Bureau of Statistics (ABS), National Aboriginal and Torres Strait Islander Health Survey: 2022-23 financial year. 2024, Commonwealth of Australia: Online. Available from: https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release.

6. Deakin Health Economics, Deakin Institute for Health Translation, Cost of Overweight and Obesity in South Australia 2025-2030. 2025, Deakin Institute for Health Translation.

Appendix B
How we deliver our legislative functions

Preventive Health SA's role

ACTION AREAS (How we deliver the objectives of the Plan)	LEADING (Delivering or co-delivering)	PARTNERING (As a formal partner, or through evidence, expertise and networks)
Fund and implement programs, campaigns and community education initiatives	• Public education campaigns • Commissioning programs and grants to enable preventive health action across sectors • Implementation of agency assigned actions in state-wide strategies • Delivery of specific preventive health programs addressing key risk factors as outlined under the Act	• Delivery of initiatives under national and state plans where responsibility is shared • Contributions to Suicide Prevention Plan implementation and other cross-government initiatives • Provide evidence, health promotion expertise and communications support to partners delivering prevention programs
Conduct, translate and commission research, and manage and facilitate access to population health data sets	• Population health monitoring, analysis and trend reporting • Economic modelling of preventive health initiatives • Commissioned research to inform policy and practice • Data translation and dissemination to strengthen the evidence base, and inform policy and action	• Research and evaluation components of whole-of-government strategies and plans • Representation on data, research and evaluation working groups • Facilitate state-wide data collection questions and analysis • Provide data, evidence and technical advice to government agencies, researchers and partners • Support monitoring and reporting under the *South Australian Public Health Act 2011*
Advise government and lead or support policy development and implementation	• Governance and implementation of relevant legislation • Leading legislative amendments to strengthen tobacco controls • Implementation of agency assigned actions to contribute to nationally agreed plans	• Providing key advice to support policy development on cross-government initiatives such as: » SA Health Clinical Services Plan » Smokefree Health Services Policy » SA Health Healthy Food and Drink Policy » Participation on intergovernmental committees • Implement provision of advice under Section 7(4) of the Act • Advice to agencies on preventive health impacts of policy proposals • Technical expertise to support policy development across government
Lead and facilitate collaborations and partnerships	• Multi-year, strategic partnerships with key stakeholders, including Aboriginal Community Controlled Organisations • Establishment and stewardship of priority prevention partnerships	• Participation in cross-sector governance groups, advisory bodies and project partnerships • Leading collaboration for Suicide Prevention Council and Plan • Convene stakeholders, share evidence and facilitate connections between sectors • Support collaborative approaches to prevention priorities

ACTION AREAS (How we deliver the objectives of the Plan)	LEADING (Delivering or co-delivering)	PARTNERING (As a formal partner, or through evidence, expertise and networks)
Build capability and capacity with our partners	• Partnerships with local government, peak bodies and NGOs to strengthen delivery of physical activity, nutrition, mental wellbeing and social connection initiatives • Development and delivery of capability-building resources and training	• Joint workforce development initiatives with partner agencies and sectors • Provision of tools, evidence summaries, guidance materials and subject matter expertise to support prevention action
Coordinate and enhance internal systems to support organisational effectiveness and efficiency	• Development of the Strategic Research Agenda • Development and implementation of the Preventive Health SA Cultural Governance Framework • Internal governance, planning, performance and reporting systems • Implementation of health equity and Aboriginal Health Impact Assessments for all Preventive Health SA initiatives	• Participation in broader SA Health planning, governance and organisational improvement activities • Sharing organisational learnings, evidence and frameworks with partners across the health and prevention system

Appendix C
National and State Strategies

The Plan works alongside a range of national and state strategies that guide action on specific health and social priorities, including but not limited to:

- **The National Preventive Health Strategy 2021–2030** provides the overarching, long-term approach to prevention in Australia by building systemic change to ensure the best outcomes for all Australians.
- **The National Tobacco Strategy 2023–2030** aims to improve the health of all Australians by reducing the prevalence of tobacco use and its associated health, social, environmental and economic costs, and the inequalities it causes.
- **National Alcohol Strategy 2019–2028** provides a framework to prevent and reduce alcohol-related harm. It highlights possible actions at the local, state or territory and national levels.
- **National Drug Strategy 2017-2026** aims to prevent and reduce harm caused by alcohol, tobacco and other drugs.
- **The National Obesity Strategy 2022-2032** frames the actions to prevent, reduce, and treat, overweight and obesity in Australia.
- **South Australia's Implementation Plan for the National Agreement on Closing the Gap** sets out how the State will work with Aboriginal communities to deliver the National Agreement on Closing the Gap. It outlines shared actions to improve life outcomes for Aboriginal people.
- **The South Australian Alcohol and Other Drug Strategy 2025-2030** is part of a group of global, national and state policies, legislation and strategies that guide action on alcohol and other drugs.
- **The South Australian Tobacco Control Strategy 2023-2027** outlines the South Australian government's commitment to reducing tobacco smoking and e-cigarette use (vaping) to improve the health and wellbeing of South Australians.
- **South Australian Aboriginal Health Promotion Strategy 2022-2030** outlines the State's approach to strengthening and promoting the cultural determinants of health and wellbeing.
- **The SA Police Our Strategy 2030: Safer Communities** promotes 'Prevention First' and taking 'every opportunity to prevent crime, disorder, and road trauma' by developing collaborative partnerships, and building trust and engagement with communities.
- **State Public Health Plan South Australia, Healthy, Liveable, Connected - 2026** aims to communicate to all audiences what public health is and inspire collective action in driving improved public health outcomes.
- **South Australian Suicide Prevention Plan 2023-2026** sets a vision for compassionate, resilient and connected communities that support wellbeing and prevent suicide.



Government of South Australia

Preventive Health SA

preventivehealth.sa.gov.au